CLASS ATTENDANCE

DISCLAIMER & INFORMED CONSENT AGREEMENT

MMS = Modern Mystery School or a certified Teacher in the Modern Mystery School

Please initial each beside statement:

_____I acknowledge that absolutely no audio or visual recordings are permitted inside of an MMS program, class or event of any nature. This includes but is not limited to video recording, audio recording and photography.

_____ I acknowledge that MMS may take photos, video and audio recording for their own internal or promotional use.

_____ I am aware that the information I receive in this class is for personal use, including but not limited to personal joy and fulfilment.

_____I promise not to attempt to re-teach the information learned in this class with anyone else.

_____ I acknowledge that these teachings, healings and tools are not a substitute for psychiatric and psychological treatments. I also acknowledge that I am responsible for continuing any treatments (if any) prescribed by my psychologist, psychiatrist, or medical doctor including but not limited to therapy and medications. I will not consult Modern Mystery School practitioners and teachers in regards to mental health issues as they are not mental health practitioners. I consult Modern Mystery School practitioners for spiritual well-being, teachings, and practices.

_____ Although the tools and teachings of the Modern Mystery School are powerful, I acknowledge that results vary and come as a result of dedicated practices and diligence on my part.

With your signature below you acknowledge that you have read and understand the above statements and are in agreement.

STUDENT NAME: _____

LOCATION at time of signing (City, State/Province, Country): _____

SIGNATURE: _____ **DATE:** ____/____ /____
M D Y

WITNESS NAME: _____

LOCATION at time of signing (City, State/Province, Country): _____

WITNESS SIGNATURE: _____ **DATE:** ____/____ /____
M D Y